

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>00</u> <span style="font-size: 1.5em; margin-left: 100px;">9190</span>	2. Fiscal Year Covered From: <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> 021 Through: <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> / <input checked="" type="checkbox"/> 04
3. Name and address of person filing. Name <u>Sergio</u> <u>J</u> <u>Urra</u> <span style="margin-left: 150px;"><u>Ibarrá</u></span> P.O. Box, Bldg., Room No., if any _____ Street <u>125 Gilmanville Rd</u> City <u>Elk Run Heights</u> State <u>VA</u> ZIP Code + 4 <u>50207</u>	4. Name, file number, and address of labor organization. Name <u>Laborers International Union of North America</u> <span style="margin-left: 150px;"><u>Local 143</u></span> Labor Organization File Number <u>000-131</u> P.O. Box, Building and Room Number, if any _____ Street <u>5000 Jst. SW</u> City <u>Cedar Rapids</u> State <u>Iowa</u> ZIP Code + 4 <u>52404</u>
5. Position in labor organization. <u>Organizer &amp; Rep</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <div style="border: 1px solid black; height: 80px; width: 100%;"></div> 7.b. Amount. <div style="border: 1px solid black; width: 150px; text-align: center; margin: 10px auto;">0</div>
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**Signature**

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 8-10-05 (515) 202-2473  
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer  or Consultant  ?

14.b. Amount of payment.



**LABORERS' INTERNATIONAL UNION OF NORTH AMERICA**

**LABORERS' LOCAL #43**

**Cedar Rapids Office**  
5000 J ST. SW  
CEDAR RAPIDS, IOWA 52404  
PHONE 319-366-0859  
FAX 319-366-0827



**Dubuque Office**  
1638 Central Ave  
DUBUQUE, IA 52001  
PHONE 563-583-0686  
FAX 563-583-5668

August 10, 2005

U.S. Department of Labor  
Employee Standards Administration  
Office of Labor-Management Standards  
200 Constitution Avenue, NW  
Room N-5616  
Washington, DC 20210

**Re: Form LM-30 Filing for Sergio Ibarra, U-43, Labor Organization**  
**File No. 000-131**

Dear Sir or Madam:

Please be advised that , based on records that are currently in my possession related to the calendar year 2004, I do not have, to the best of my knowledge any LM-30 reportable transactions. I am filing this form in order to qualify as part of the DOL amnesty filing for 2004 and the prior five years.

Sincerely,

Sergio J. Ibarra  
Field Rep/Organizer  
Laborers' Local #43